



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

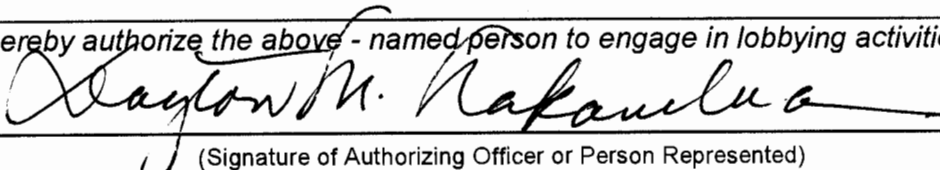
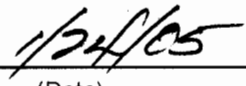
<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
UWAINE	Clifford	T.	808 847-2631
MAILING ADDRESS (Street)			FAX
1426 North School St.			808 848-1987
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
			808 847-2631
MAILING ADDRESS (Street)			FAX
			808 848-1987
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
United Public Workers, AFSCME, Local 646, AFL-CIO		808 847-2631
MAILING ADDRESS (Street)		FAX
1426 North School Street		808 848-1987
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Jeanne K. Endo		808 847-2631
MAILING ADDRESS (Street)		FAX
1426 North School Street		808 848-1987
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Dayton M. Nakanelua	State Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
	808 847-2631	
MAILING ADDRESS (Street)	FAX	
1426 North School St.	808 848-1987	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
		
(Signature of Authorizing Officer or Person Represented)		(Date)